

Exhibit C

EXHIBIT 3

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

MDL No. 2641

In Re Bard IVC Filter Products Liability Litigation

In completing this **Plaintiff Profile Form**, you are under oath and must provide information that is true and correct to the best of your knowledge. The Plaintiff Profile Form shall be completed in accordance with the requirements set forth in the applicable Case Management Order.

1. CASE INFORMATION

Caption: Debra Tinlin et al. v. C.R. Bard, Inc. et al. **Date:** January 28, 2016

Docket No.: 2:16-cv-263-DGC

Plaintiff's attorney and Contact information:

Ramon Rossi Lopez, Matthew Ramon Lopez (mlopez@lopezmchugh.com)

Lopez McHugh LLP, 100 Bayview Circle, Suite 5600

Newport Beach, CA 92660, P: 949-737-1501

2. PLAINTIFF INFORMATION

Name: Debra Tinlin

Maiden Name: Schardt

Address: [REDACTED]

Date of birth: [REDACTED]

Social Security No.: [REDACTED]

Occupation: Disabled

Spouse: James Francis Tinlin

Is Spouse Making Claim for Loss of Consortium? ☒ Yes ☐ No

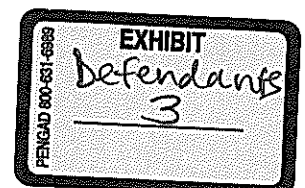
3. DEVICE INFORMATION

A. Filter Model (e.g., Recovery®, G2®, etc.): Recovery

B. Lot Number: Unknown at this time

C. Date of Bard IVC Filter implant: On or about May 7, 2005

D. Attach medical evidence of product identification and operative report for filter placement.



Filter Strut Removal/Attempted Removal #2

Doctor: _____

Hospital/Medical Facility: _____

7. OUTCOME ATTRIBUTED TO DEVICE

- A. Do you claim to be suffering from any bodily injuries, including psychological injuries that are above and beyond usual pain and suffering and mental anguish, related to the Filter?**

☒ Yes

☐ No

If your answer is "Yes," please list all symptoms and injuries you claim to have suffered :

Plaintiff refers Defendants to her medical records for complete details of her injuries she has suffered stemming from Defendants' IVC filter. Plaintiff's symptoms and injuries include, but are not limited to, emotional and physical pain and suffering. Specifically, Plaintiff developed severe lower back pain, radiating down her left leg, and a CT of the lumbar spine on May 9, 2005 demonstrated that a few tines of the filter were adjacent to the anterior aspect of the prevertebral portion of the lumbar spine. She continued to have constant low back/pelvis and neck/shoulder pain, requiring several months of physical therapy. On June 10, 2013, Plaintiff was brought to the ER, diaphoretic and hypotensive, and was diagnosed with cardiac tamponade, cardiogenic shock, multi-organ system failure (including respiratory failure, circulatory failure, liver failure, renal failure, and complex metabolic derangement, specifically hyperkalemia), and delirium. It was discovered that the filter had fractured and two struts had embolized to the right ventricle, causing a massive pericardial effusion around the heart, with significant compression of the ventricles. She underwent emergent surgical drainage of 600mL of bloody effusion, with drain placement, but the struts could not be located. After 10 days, she was discharged in improved condition, but removal of the fractured struts from her right ventricle was not attempted due to her critical status. On July 31, 2013, the fractured strut was successfully removed through open heart surgery and Plaintiff reported feeling better than she had in years. A follow-up chest CT on August 7, 2013 demonstrated the filter to remain in stable position with 7 struts, having previously contained the original 8; several of these struts were seen projecting outside the lumen of the vena cava, and a single 5mm radiopaque density, concerning for a retained foreign body, was seen in the basilar interventricular septum. The filter remains implanted, but Plaintiff was advised in December 2015 that there are several pieces of wire in her upper and lower lungs, which are believed to be broken down pieces of the filter, possibly pieces of a second strut, as two pieces were originally reported to be seen in the heart but only one was removed.

Of the injuries/symptoms you listed above, which do you claim to be suffering from at the current time: Plaintiff reports several lasting complications as a result of her cardiac tamponade and required sternotomy. After suffering multi-organ failure as a result of the cardiac tamponade, which caused a long period of little to no blood pressure, she did

regain function of her organs, but has since been diagnosed with stage III chronic kidney disease; worsened diabetes, which has caused her pancreatic function to diminish; and increased blood pressure as a result. At the time of the cardiac tamponade, she had been advised that the incident may affect her organs in the future. Further, her sternum did not fuse properly after the sternotomy and the bone marrow wore away; she now has a hole in her diaphragm, which has herniated. She also reports developing trachea Malaysia as a result of her prolonged time with a breathing tube, while on life support and during open heart surgery, so she can no longer wear her CPAP device for sleep apnea and also cannot lay on her back while sleeping, causing severe sleep deprivation; laying on her back causes her to choke, gag, and cough, and sleeping on her side is very painful, due to the skeletal deformity caused by her sternum growing back together unevenly.

Plaintiff reserves the right to supplement any and all responses upon the receipt of additional information.

3/26/16
Date

Debra A. Tulin
Signature of Plaintiff

3/26/16
Date

J. F. T. C.
Signature of Plaintiff – Spouse (signature only
necessary if Loss of Consortium is alleged)



5/11

PT NAME: TINLIN, DEBRA A
MR #: 00439424 ACCT#: [REDACTED]
ADMIT: 05/04/2005
SERVICE: 05/07/2005
ORDERING MD: Steven Bittorf, MD

ADM MD: Diane K Christel, MD
FAM MD: Diane K Christel, MD
DOB: [REDACTED] SEX: F AGE: 41
REQ #: XAJ169.05 PT LOC: 3N-S 348T
DICT MD: Joshua Riebe

DX: Filter placement. Bilateral DVT.
ORDER: SP IVC FILTER PLACEMENT
DATE OF EXAM: 05/07/2005

CORRECTED REPORT. TITLE CHANGED PER DR. RIEBE

ULTRASOUND GUIDED VESSEL ACCESS, CAVOGRAM, IVC FILTER PLACEMENT FLUOROSCOPICALLY
Comparison CT scan of chest with intravenous contrast for 5/4/05.

CLINICAL INDICATIONS

Hypercoagulable patient with history of DVT and PE. Exact cause of hypercoagulability is not known. Clinician requested that removable caval filter be placed for diagnostic reasons.

PROCEDURE

After describing risks, benefits, and alternatives to the procedure, written consent was obtained.

The patient was placed on the fluoroscopy table in the supine position. The right groin was prepped and draped in routine sterile fashion.

Ultrasound guidance was used to enter the right common femoral vein with a 19-gauge vascular needle after infiltrating the overlying skin with 1% buffered Lidocaine.

A 3-J wire was placed into the inferior vena cava. Over this, a 5-French pigtail catheter was inserted. Cavogram was performed.

The wire was then replaced within the inferior vena cava. The deployment device sheath and dilator was then placed through the groin and into the inferior vena cava. The Bard recovery cava filter was then deployed in the infrarenal location without difficulty. The catheter was removed from the groin and pressure was applied until hemostasis was achieved.

FINDINGS

Patent and compressible right common femoral vein under ultrasound guidance. Cava is rather prominent in transverse diameter. Calculation was made based off of vertebral body correlation from CT scan chest. This estimated that the cava was between 28 and 29mm, which was at the upper limits of cava size for recovery filter. This was deployed carefully and set well with the filter demonstrating good position at the conclusion of the procedure

COMPLICATIONS

None.

IMPRESSION

Technically successful placement of an infrarenal inferior vena cava Bard recovery filter without immediate complication.

RADIOLOGY REPORT

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Original





***Report Status: F

PT NAME: TINLIN, DEBRA A

MR #: 00439424 ACCT#: [REDACTED]

ADMIT: 05/04/2005

SERVICE:

ORDERING MD: Steven Bittorf, MD

ADM MD: Diane K Christel, MD

FAM MD: Diane K Christel, MD

DOB: [REDACTED] SEX: F

REQ #: XAJ169.05 PT LOCATION: 3N-S 348T

DICT MD: Joshua Riebe

JR/rm

DD: 05/07/2005 5:30 P

DT: 06/23/2005 3:42 P

Doc#: 655782

cc: Steven Bittorf, MD

Diane K Christel, MD

Electronically Signed by

Joshua Riebe 06/24/2005 08:33

RADIOLOGY REPORT

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Original



E. Please check all the reasons why you believe your Bard Filter was placed:

- ☒ Filter Placed After Being Diagnosed with Deep Vein Thrombosis/Pulmonary Embolism
- ☐ Filter Placed in Conjunction with or before Orthopedic Procedure
- ☐ Filter Placed in Conjunction with Trauma Situation/Motor vehicle accident
- ☐ Filter Placed in Conjunction with or before Bariatric Procedure
- ☐ Other Reason(s) for implant (explain): _____
- ☐ Unknown
- ☐ See medical records attached

F. Provide the name and address of both the doctor who implanted the Bard Filter and the hospital or medical facility at which the filter was placed:

Doctor: Joshua Riebe, M.D.

Hospital/Medical Facility: St. Mary's Hospital, 1726 Shawano Ave., Green Bay WI
54303

4. FAILURE MODE ALLEGED

Please check all failure mode(s) that you allege apply to your Bard Filter:

- ☒ Fracture
- ☒ Perforation of filter strut(s) into organs
- ☐ Migration of entire filter to heart
- ☐ Tilt with filter embedded in wall of the IVC
- ☒ Device unable to be retrieved
- ☐ Bleeding
- ☒ Other failure mode(s)

If other, please describe: Embolization of fractured struts to the right ventricle, basal interventricular septum, and lungs, causing a massive pericardial effusion, cardiac tamponade, cardiogenic shock, and multi-organ failure; Penetration of several struts outside the lumen of the vena cava

5. REMOVAL INFORMATION

A. Has your Bard Filter been removed?

- ☐ Yes
- ☒ No
- ☐ Unknown

B. If your Bard Filter has been removed or a doctor has attempted to remove your Filter, please check all that apply regarding the removal or attempted removal procedure(s):

- ☐ Removed percutaneously
- ☐ Removed via an open abdominal procedure
- ☐ Removed via an open chest procedure
- ☐ Attempted but unsuccessful percutaneous removal procedure
- ☐ Attempted but unsuccessful open abdominal procedure
- ☐ Attempted but unsuccessful open chest procedure
- ☐ Unknown
- ☐ See medical records attached

C. Provide the name(s) and address(es) of both the doctor(s) who removed your Bard Filter (or attempted to remove it) and the hospital or medical facility where removal/attempted removal occurred:

Filter Removal/Attempted Removal #1

Doctor: _____

Hospital/Medical Facility: _____

Filter Removal/Attempted Removal #2

Doctor: _____

Hospital/Medical Facility: _____

6. FRACTURED STRUTS

A. Do you claim that your Bard Filter fractured?

☒ Yes

☐ No

If you answered YES, answer the below questions in this section.

If you answered NO, skip the rest of Section 6 and go below to section 7 - "Outcome Attributed to Device."

B. Are any fractured filter struts retained in your body?

☒ Yes

☐ No

☐ Unknown

If yes, identify the location(s) within your body of each retained filter strut. One strut has been seen in the basilar interventricular septum, while several broken pieces are in the upper and lower lungs. Another strut may also remain in the right ventricle, as two were initially reported to be seen, but only one was removed during the open heart procedure.

C. Have any fractured filter struts been removed from your body?

☒ Yes

☐ No

☐ Unknown

D. If any fractured filter strut has been removed (or a doctor has attempted to remove any strut), please check all that apply regarding the removal / attempted removal procedure(s):

☐ Removed percutaneously

☐ Removed via an open abdominal procedure

☒ Removed via an open chest procedure

☐ Attempted but unsuccessful percutaneous removal procedure

☐ Attempted but unsuccessful open abdominal procedure

☐ Attempted but unsuccessful open chest procedure

☐ Other, Describe _____

☐ Unknown

E. Provide the name and address of both the doctor who removed (or attempted to remove) the filter strut(s) and the hospital or medical facility at which it was removed (or attempted to be removed)

Filter Strut Removal/Attempted Removal #1

Doctor: David Charles Kress, M.D. (Open Heart Removal)

Hospital/Medical Facility: Aurora St. Luke's Medical Center, 2900 W. Oklahoma Ave., Milwaukee, WI 53215